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The Relationship Between Self-Discrepancies and Affective States: The Moderating Roles of Self-Monitoring and Standpoints on the Self

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Using self-discrepancy theory as a theoretical framework, this study examines the interactive effects of self-monitoring and type of self-guide (i.e., own vs. other standpoint) on the relationship between self-discrepancies and affective states. Over two sessions, 294 undergraduates completed the Self-Monitoring Scale, the Selves Questionnaire (either from the own or other standpoint), the Beck Depression Inventory, the Hopkins Symptom Checklist, and the Social Anxiety subscale of the Self-Consciousness Scale. For low self-monitors, depression and anxiety were predicted only by self-discrepancies from the own standpoint on the self. For high self-monitors, depression and anxiety were more strongly predicted by self-discrepancies from the other than the own standpoint on the self. The authors discuss the role of individual differences in understanding when self-discrepancies have implications for individuals' affective states.

According to early self-theorists (e.g., Cooley, 1902/1964; James, 1890/1896; Mead, 1934), individuals experience continuity of the self and at the same time possess many self-beliefs. At any point in time, however, only a limited number of self-beliefs can be actively processed. Those self-relevant beliefs that are accessible at any point in time have been defined as constituting the working self-concept (Markus & Kunda, 1986). Markus and Wurf (1987) argued that the information constituting the working self-concept can be influenced both by internal introspective processes and by the external context within which the self is situated. For example, the working self-concept can be based on a reflection of one's

personal goals, needs, or values and/or be influenced by expectations and perceptions of important others.

There are likely to be chronic individual differences in the extent to which people rely on internal versus external sources of information in constructing the working self-concept. We pursue the question of whether individual differences in personality regulate the strength of the relationship between the valence of one's self-related beliefs and emotional states such as anxiety and depression. For individuals who chronically construct their self-concepts on the basis of internal information, situationally salient internal self-relevant information should exert a greater influence on their emotional states than situationally salient external self-relevant information. In contrast, for people who chronically construct their self-concepts on the basis of external information, situationally salient external self-relevant information should exert a greater influence on their emotional states than would situationally

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salient internal information. Systematic differences in the use of internal versus external information in the construction of the self are well captured by the construct of self-monitoring (Snyder, 1979, 1987).

Self-Monitoring

Self-monitoring refers to the extent to which people monitor and regulate their cognitions and interpersonal behavior on the basis of dispositional versus situational sources of information (Snyder, 1979, 1987). Low self-monitors are particularly sensitive to internal cues. In social situations, low self-monitors view their actions as accurate reflections of their beliefs, values, mood states, and other dispositional attributes. For example, low self-monitors base their social attitudes on internal considerations such as cherished values. In contrast, high self-monitors are particularly concerned that their attitudes and behaviors are appropriate within a given situational context (Snyder, 1979). High self-monitors have well-developed impression management skills that allow them to tailor their behavior to meet the specific demands of their present situation (Snyder, 1987). For example, the social attitudes of high self-monitors often reflect the requirements of their social circumstances rather than their underlying values and dispositions (e.g., DeBono, 1987; Lavine & Snyder, 1996).

Self-Discrepancy Theory

In the present research, we used self-discrepancy theory (Higgins, 1987, 1989) as a framework to examine the hypothesis that individual differences in self-monitoring regulate the strength of the relationship between particular aspects of the self-concept (e.g., actual:ideal discrepancy) and the emotional states of anxiety and depression. In his theory of self-discrepancy, Higgins (1987, 1989) identifies three different domains of the self: an actual self that consists of attributes that the person believes he or she currently possesses, an ought self that consists of attributes the person believes he or she should possess, and an ideal self that consists of attributes the person believes he or she ideally desires to possess. Of importance, each domain is associated with either the own or other standpoint on the self (Higgins, 1987). That is, self-related beliefs may be based on individuals' own personal beliefs about what attributes they actually, ought to, or ideally would possess. Alternatively, self-related beliefs may be based on individuals' perceptions about what attributes significant others think they actually, ought to, or ideally would possess.

Two major information-processing assumptions underlie self-discrepancy theory. First, self-discrepancies are assumed to be cognitive structures that relate distinct self-beliefs (e.g., actual/own:ideal/own). A discrepancy

occurs when the attributes associated with one self-state (e.g., actual/own) do not correspond with attributes associated with a different self-state (e.g., ideal/own) (Higgins, 1989; Higgins, Klein, & Strauman, 1985). Second, the likelihood that an individual will experience anxiety and/or depression is determined in part by the accessibility of the self-discrepancy (Higgins, Bond, Klein, & Strauman, 1986; Strauman & Higgins, 1987). Self-relevant beliefs (e.g., self-discrepancies) that are highly central to the person or are frequently activated are presumed to be chronically accessible and, therefore, have a greater impact on individuals' responses and emotional states than do less accessible beliefs (Higgins & King, 1981; for a discussion of the relation of centrality to the self and accessibility, see Lavine, Sullivan, Borgida, & Thomsen, 1996).

The Present Study

We argue that the personality construct of self-monitoring has direct implications for self-discrepancy theory's assumption that accessible self-discrepancies influence individuals' affective states such as anxiety and depression. Low self-monitors' attitudes, values, and other internal states are both highly relevant and chronically accessible (Kardes, Sanbonmatsu, Voss, & Fazio, 1986; Snyder, 1987). Therefore, self-discrepancies from a low self-monitor's own standpoint (i.e., discrepancies based on the person's own personal beliefs about one's actual, ought, and ideal self) should exert a greater influence on emotional distress (i.e., anxiety and depression) than self-discrepancies associated with the other standpoint (i.e., discrepancies based on others' beliefs about one's actual, ought, and ideal self). In contrast, external cues from the social environment are highly relevant and presumably accessible among high self-monitors (Snyder, 1987). Therefore, self-discrepancies based on a high self-monitor's perceptions of the specific attributes that significant others believe one ought to or ideally would possess (i.e., the other standpoint on the self) should exert a greater impact on emotional distress (i.e., anxiety and depression) than would self-discrepancies based on one's own standpoint.

In the present research, we manipulated whether internal or external sources of self-relevant information were salient by having individuals focus on self-beliefs from either their own standpoint or from the standpoint of important others. That is, for approximately half of the participants, ought/own and ideal/own self-states were made salient, and for the remaining participants, ought/other and ideal/other self-states were made salient. We then examined whether the relationship between self-discrepancies and emotional states depended on the interaction between the standpoint on

the self (i.e., own vs. other) and individual differences in self-monitoring (i.e., low vs. high). Our main hypothesis is that self-monitoring and standpoints on the self would interact to influence the magnitude of the relationship between self-discrepancies and emotional distress. Specifically, the magnitude of self-discrepancies among low self-monitors will be more strongly associated with levels of anxiety and depression when self-discrepancies based on the own (i.e., internally based information) rather than the other (i.e., externally based information) standpoint are made salient. In contrast, the magnitude of self-discrepancies among high self-monitors will be more strongly associated with levels of anxiety and depression when self-discrepancies based on the other rather than the own standpoint are made salient.

METHOD

Participants

Students were recruited from undergraduate psychology courses at a large Midwestern university to participate in a two-session experiment in exchange for course credit. Of the 319 students who attended the first session, 294 returned for the second session and completed all measures of interest in this study. Based on a median split on the 18-item Self-Monitoring Scale (Snyder & Gangestad, 1986), participants were categorized as either low ($n = 144$) or high ($n = 150$) self-monitors.

Procedure

Participants were told that they were taking part in a two-session study examining how people organize personality information. In the first session, participants completed the Self-Monitoring Scale (Snyder & Gangestad, 1986) and the Selves Questionnaire (Higgins et al., 1986). In completing the Selves Questionnaire, participants were randomly assigned to one of two experimental conditions (own or other standpoint on the self), with the restriction that all participants in each session were in the same experimental condition. After 1 to 2 weeks, participants returned to complete the Beck Depression Inventory (BDI) (Beck, 1967), the Depression and Anxiety subscales of the Hopkins Symptom Checklist (HSCL) (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974), and the Social Anxiety subscale of the Self-Consciousness Scale (Fenigstein, Scheier, & Buss, 1975). Because college students' distress as measured by self-report questionnaires (e.g., BDI) should not be taken as evidence of clinical depression (Coyne, 1994), it should be understood that our use of the term "depression" should not be interpreted as clinically diagnosed depression but instead as depressed

mood. Likewise, when we use the term "anxiety," it should be read as anxious mood.

Measures

Self-monitoring. Participants completed the revised version of the Self-Monitoring Scale that contains 18 true-false items (Snyder & Gangestad, 1986). The reliability (Cronbach's α) of the composite was .70. Based on a median split, participants were classified as either low ($M = 6.89$, $SD = 1.93$) or high ($M = 12.50$, $SD = 2.02$) self-monitors. Specifically, participants with scores of less than 10 were classified as low self-monitors, and participants with scores of 10 or greater were classified as high self-monitors. This split is consistent with Snyder's (1987) recommendation that median split scores of 10 or 11 are appropriate for use with North American college students.

Self-discrepancies. Participants completed the Selves Questionnaire (Higgins et al., 1986), listing attributes of the actual self from the own standpoint on the self and listing attributes of the ought and ideal selves from either the own or other standpoint on the self. Those in the own standpoint condition were asked to list the attributes they think they actually possess (actual/own), the attributes they believe they should or ought to possess (ought/own), and the attributes they think they would ideally like to possess (ideal/own). Participants in the other standpoint condition were asked to list the attributes they think they actually possess (actual/own), the attributes they think their parents would say they should or ought to possess and the attributes they think their boyfriend/girlfriend (or a current friend if they did not have a dating partner) would say they should or ought to possess (ought/other), and the attributes they think their parents would ideally like them to possess and the attributes they think their girlfriend/boyfriend would ideally like them to possess (ideal/other).

After all the attribute lists were completed, participants were instructed to rate every attribute on every list using a 4-point scale with endpoints labeled 0 (*not at all relevant or meaningful to me*) to 3 (*very relevant or meaningful to me*). The attribute lists and meaningfulness ratings were used to compute self-discrepancy scores following a procedure similar to that used by Higgins et al. (1986). For each questionnaire, one of two raters compared those attributes listed for the actual self with the attributes listed for both the ought and the ideal selves. Attributes across the two lists were coded as either (a) nonmatches (i.e., neither synonyms nor antonyms), (b) matches (i.e., both lists contained the same attribute or a synonym), (c) synonymous mismatches (i.e., attributes were synonyms but varied in extent), or (d) true mismatches (i.e., pairs of antonyms). Synonyms and antonyms were identified using *Roget's Thesaurus* (1984).

Attribute pairs were considered synonymous mismatches when a discrepancy of greater than 1 point existed between the meaningfulness rating assigned to the attribute for the actual self and the same attribute or its synonym for either the ought or the ideal self. Each rater independently coded approximately half of the questionnaires. Based on a random sample of 20 questionnaires, scorer reliabilities were calculated at .978 and .998 for the actual:ought and actual:ideal self-discrepancies, respectively.

Actual:ideal and actual:ought discrepancies were computed by a weighted summation of attribute pairs using the following weights: nonmatches (0), matches (+1), synonymous mismatches (-1), and true mismatches (-2). For those in the own standpoint condition, we computed actual/own:ought/own and actual/own:ideal/own discrepancies. For those in the other standpoint condition, we computed an actual/own:ought/other and an actual/own:ideal/other discrepancy by averaging self-discrepancy scores from the parents' and boyfriend/girlfriend's (or current friend) perspectives. Large negative self-discrepancy scores (maximum value of -20) indicate a lack of correspondence between the individual's actual self in relation to a particular standard. In contrast, large positive self-discrepancy scores (maximum value of +10) indicate a high level of correspondence between the individual's actual self in relation to a particular standard.

Depression. Participants completed two measures of depression: the BDI (Beck, 1967) and the Depression subscale of the HSCL (Derogatis et al., 1974). The BDI consists of 21 sets of statements relating to various beliefs, emotions, and somatic states. For each set of statements, respondents were asked to choose the one statement that best describes how they "feel right now." The reliability of this scale (Cronbach's α) was .85. The Depression subscale of the HSCL consists of 10 items assessing participants' recent experiences with depression-related symptoms (e.g., feeling lonely, feeling hopeless about the future). Participants responded on a 4-point scale with endpoints ranging from 1 (*not at all*) to 4 (*extremely*). Cronbach's α for this scale was also .85. On both scales, higher scores indicate greater levels of depression.

Anxiety. Participants completed two measures of anxiety. The Anxiety subscale of the HSCL (Derogatis et al., 1974) consists of six items assessing participants' recent experiences of anxiety-related symptoms (e.g., trembling, heart pounding or racing). Participants responded on a 4-point scale, with endpoints labeled 1 (*not at all*) to 4 (*extremely*). Cronbach's α was .75 for this scale. In addition, participants completed the Social Anxiety subscale of the Self-Consciousness Scale

(Fenigstein et al., 1975). This six-item scale asked participants to respond to statements on a 5-point scale with endpoints labeled 0 (*extremely uncharacteristic*) to 4 (*extremely characteristic*). Cronbach's α was .75. For both anxiety scales, higher scores indicate greater levels of anxiety.

Analytic Strategy

To compare the effects of self-guides derived from different standpoints on the self (i.e., own vs. other) on the affective states of high and low self-monitors, we conducted two sets of multiple-groups structural equation modeling analyses. For low self-monitors, we compared the effects of self-discrepancies from the own standpoint ($n = 86$) with those from the other standpoint ($n = 58$). A parallel set of analyses was conducted for high self-monitors, again comparing the effects of self-discrepancies derived from the own ($n = 89$) versus other ($n = 61$) standpoints. Each set of analyses was conducted in LISREL8 (Jöreskog & Sörbom, 1993) using the sample covariance matrices of each group and maximum likelihood estimation. Model fits were evaluated using multiple fit indices: the χ^2 , the χ^2/df , the Tucker-Lewis Index (TLI) (Tucker & Lewis, 1973), and the comparative fit index (CFI) (Bentler, 1990). When appropriate, nested models were compared by evaluating the change in chi-square.

To specify the measurement model for each group, the BDI and the HSCL-Depression scales were each used as single-item indicators of depression, whereas the HSCL-Anxiety and the Social Anxiety scales were each treated as single-item indicators of anxiety (Hayduk, 1987). In addition, although self-discrepancy theory posits that the type of discrepancy—actual:ought or actual:ideal—will predict different emotional reactions (Higgins, 1989), these two measures were used as indicators of an overall self-discrepancy in our analyses. To set the scale for this latent construct, we fixed the construct loading and error term of the actual:ought discrepancy measure.

Those familiar with self-discrepancy theory may wonder why we did not allow the actual:ought discrepancy to uniquely predict anxiety and the actual:ideal discrepancy to uniquely predict depression. There were both statistical and conceptual reasons for this decision. First, these measures were so highly correlated in our data, $r(294) = .711$, $p < .001$, that the amount of shared variance prevented us from replicating the unique effects reported in prior research. Second, and more important, our hypothesis that self-monitoring would moderate the relationship between self-discrepancies and affective states did not require us to make different predictions for the ought and the ideal domains of the self. Instead, manipulating the standpoint on the self was cru-

TABLE 1: Means, Standard Deviations, and Correlations Among Self-Discrepancies and Emotional States for Each Study Group

	M	SD	1	2	3	4	5	6
Low self-monitors, own standpoint (<i>n</i> = 86)								
1. Actual-ought	1.43	4.00	—					
2. Actual-ideal	0.06	4.63	0.65**	—				
3. BDI	9.57	7.73	-0.38**	-0.40**	—			
4. HSCL-Dep	17.28	6.17	-0.37**	-0.27*	0.79**	—		
5. HSCL-Anx	8.91	2.52	-0.25*	-0.26*	0.50**	0.56**	—	
6. Social anxiety	14.34	5.09	-0.29**	-0.27*	0.37**	0.39**	0.33**	—
Low self-monitors, other standpoint (<i>n</i> = 58)								
1. Actual-ought	2.36	3.20	—					
2. Actual-ideal	1.82	3.09	0.81**	—				
3. BDI	7.57	5.90	0.00	-0.20	—			
4. HSCL-Dep	15.71	4.84	0.00	-0.25	0.78**	—		
5. HSCL-Anx	9.05	2.54	0.16	-0.04	0.56**	0.67**	—	
6. Social anxiety	14.10	5.14	0.02	-0.24	0.48**	0.54**	0.50**	—
High self-monitors, own standpoint (<i>n</i> = 89)								
1. Actual-ought	1.01	3.66	—					
2. Actual-ideal	0.70	3.76	0.69**	—				
3. BDI	9.46	6.71	-0.28**	-0.36**	—			
4. HSCL-Dep	17.29	5.13	-0.20	-0.21	0.73**	—		
5. HSCL-Anx	9.76	2.88	-0.02	-0.03	0.41**	0.53**	—	
6. Social anxiety	12.28	5.44	-0.12	-0.20	0.23*	0.27*	0.34**	—
High self-monitors, other standpoint (<i>n</i> = 61)								
1. Actual-ought	2.85	2.48	—					
2. Actual-ideal	2.49	2.75	0.82**	—				
3. BDI	8.05	6.12	-0.51**	-0.45**	—			
4. HSCL-Dep	16.57	5.22	-0.36**	-0.28*	0.80**	—		
5. HSCL-Anx	8.92	3.21	-0.45**	-0.27*	0.52**	0.61**	—	
6. Social anxiety	10.90	4.49	-0.31*	-0.32*	0.36**	0.32*	0.27*	—

NOTE: BDI = Beck Depression Inventory; HSCL-Dep and HSCL-Anx refer to the Depression and Anxiety subscales, respectively, of the Hopkins Symptom Checklist.

* $p < .05$. ** $p < .01$.

cial to testing our hypotheses. We also should note that the use of a composite self-discrepancy score to test whether the magnitude of self-discrepancy is related to general emotional discomfort is not without precedent (e.g., Higgins et al., 1985).

To test our specific hypotheses, we used a modification (for multiple groups) of the two-step approach advocated by Anderson and Gerbing (1988). In the first step, we verified the fit of the measurement model (separately for low and high self-monitors) and confirmed that the relationships between observed indicators and latent constructs were invariant in each group (i.e., when measured from the own and other standpoints). It is necessary to demonstrate equivalence in these measurement properties before one can meaningfully examine between-group differences in construct relationships (Marsh & Hocevar, 1985). In the second step, path coefficients relating self-discrepancies to affective outcomes were independently estimated in the own standpoint and other standpoint conditions and then were tested for equivalence across these two groups. Again, this process was conducted separately for low and high self-monitors.

RESULTS

Means, standard deviations, and correlations among variables in each of the four study groups are provided in Table 1. Overall, and consistent with our expectations, the mean correlation between self-discrepancy scores and affective states in the matched conditions (i.e., own standpoint for low self-monitors and other standpoint for high-self-monitors) was $r = -.55$ ($p < .01$), whereas the mean correlation in the mismatched condition (i.e., other standpoint for low self-monitors and own standpoint for high self-monitors) was $r = -.05$ ($p > .05$). Thus, the magnitude of self-discrepancies in the matched conditions accounted for 30% of the variance in affective states, whereas the magnitude of self-discrepancies in the mismatched conditions accounted for less than 1% of the variance in affective states. Next, we present the formal tests of our predictions using structural equation modeling.

Low Self-Monitors

The fit of the measurement model, with parameters estimated independently in the own and other stand-

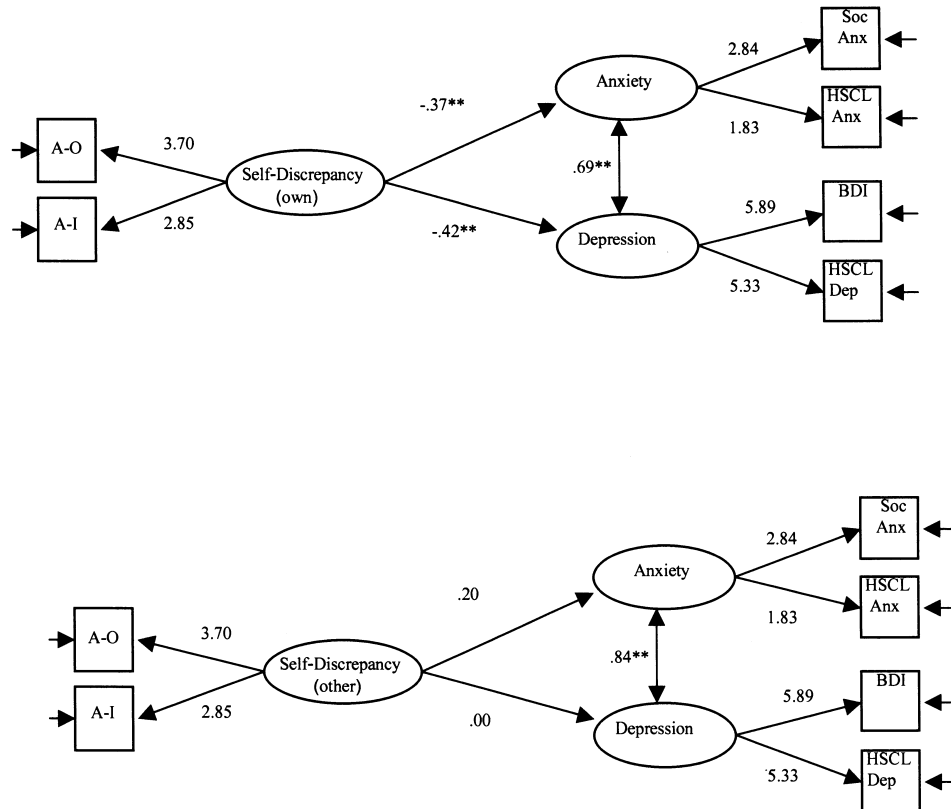


Figure 1 Structural model relating self-discrepancies to emotional outcomes among low self-monitors.

NOTE: Standardized path coefficients relating self-discrepancies to affective states are taken from the common metric standardized solution. Disturbance terms are omitted for clarity. A-O = actual-ought, A-I = actual-ideal, Soc Anx = social anxiety, BDI = Beck Depression Inventory, and HSCL-Dep and HSCL-Anx refer to the Depression and Anxiety subscales, respectively, of the Hopkins Symptom Checklist.

** $p < .01$.

point conditions was quite good, $\chi^2(14, N = 144) = 27.79$, $p < .025$. The CFI (.962) and TLI (.919) were both greater than .90, whereas the $\chi^2/df(1.99)$ was less than 2.0, indicating a good fit to the data (Byrne, 1989). To determine whether there was measurement invariance across the two groups, corresponding construct loadings of the own and other standpoint conditions were constrained to be equivalent. This restriction produced a nonsignificant increase in the overall chi-square, $\Delta\chi^2(3, N = 144) = .54$, $p > .05$, thus demonstrating that the construct measurement properties were equivalent in the two groups.

Next, within the own and other standpoint conditions, we estimated the relationships between individuals' self-discrepancies and their experiences of depression and anxiety. Standardized path coefficients for low self-monitors, based on the common metric standardized solution, are presented in Figure 1. Inspection of the path coefficients, relating participants' self-discrepancy scores to their affective states, indicates that the standpoint (own vs. other) of one's self-guide influences these relationships. When measured from the own

standpoint, the self-discrepancies of low self-monitors were more strongly related to depression and anxiety than when measured from the other standpoint. Formal tests of our hypotheses were conducted by placing equality constraints across the own and other standpoint conditions. When the relationship between self-discrepancy and anxiety was constrained to be equivalent across the own and other standpoint conditions, there was a significant increase in the overall chi-square, $\Delta\chi^2(1, N = 144) = 5.65$, $p < .025$. Placing a similar equality constraint on the relationship between self-discrepancy and depression produced a comparable result, $\Delta\chi^2(1, N = 144) = 5.61$, $p < .025$. These tests support our prediction that for low self-monitors the affective consequences of individuals' self-discrepancies from the own standpoint are greater than the affective consequences of self-discrepancies from the other standpoint.

High Self-Monitors

As before, the fit of the measurement model, with parameters estimated independently in the own and

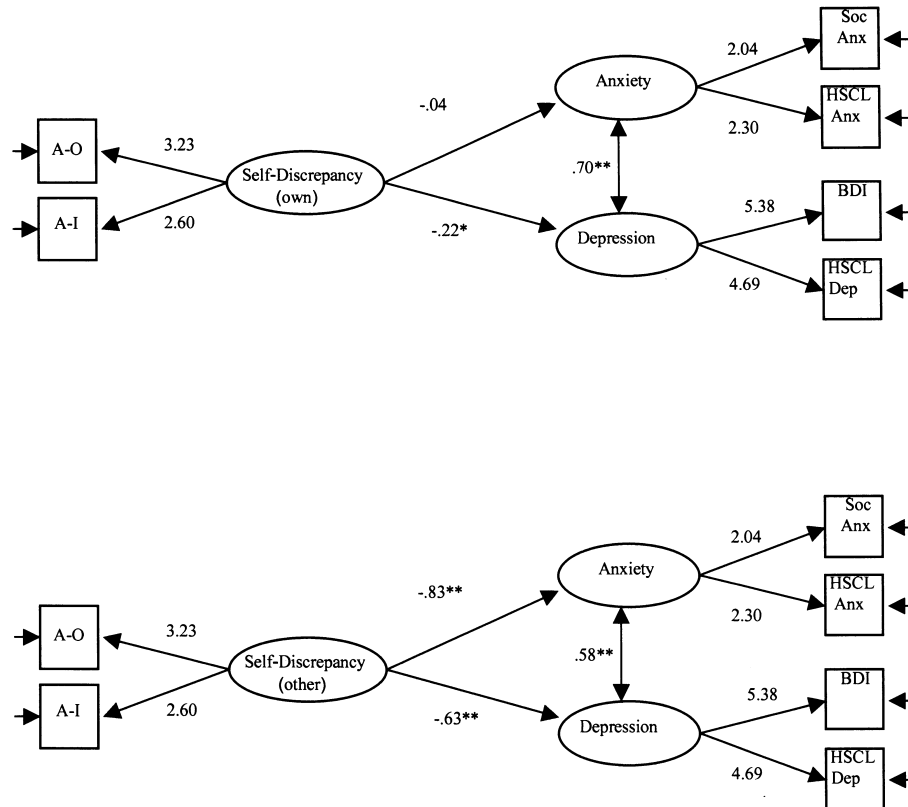


Figure 2 Structural model relating self-discrepancies to emotional outcomes among high self-monitors.

NOTE: Standardized path coefficients relating self-discrepancies to affective states are taken from the common metric standardized solution. Disturbance terms are omitted for clarity. A-O = actual-ought, A-I = actual-ideal, Soc Anx = social anxiety, BDI = Beck Depression Inventory, and HSCL-Dep and HSCL-Anx refer to the Depression and Anxiety subscales, respectively, of the Hopkins Symptom Checklist.

** $p < .01$.

other standpoint conditions, was quite good, $\chi^2(14, N = 150) = 24.87, p < .05$. The CFI (.969) and TLI (.933) were both greater than .90, whereas the $\chi^2/df(1.78)$ was less than 2.0. Placing equivalence constraints on the construct loadings across the own and other standpoint conditions produced a nonsignificant increase in the overall chi-square, $\Delta\chi^2(3, N = 150) = 2.83, p > .05$. This shows that the construct measurement properties were equivalent across the own and other standpoint conditions for high self-monitors.

Having demonstrated measurement invariance, we then estimated the relationships between high self-monitors' self-discrepancies and their experience of depression and anxiety for the own and other standpoint conditions. Standardized path coefficients, based on the common metric standardized solution, are presented in Figure 2. As we found with low self-monitors, inspection of these path coefficients indicates that the standpoint (own vs. other) of one's self-guide influences these relationships. For high self-monitors, however, the pattern

of relationships is reversed. When measured from the other standpoint, the self-discrepancies of high self-monitors were more strongly related to depression and anxiety than when measured from the own standpoint. When the relationship between one's self-discrepancy and anxiety was constrained to be equivalent across the own and other standpoint conditions, there was a significant increase in the overall chi-square, $\Delta\chi^2(1, N = 150) = 11.49, p < .01$. Placing an equivalence constraint on the relationship between one's self-discrepancy and depression produced a similar result, $\Delta\chi^2(1, N = 150) = 4.35, p < .05$. These tests support our prediction that for high self-monitors, the affective consequences of individuals' self-discrepancies from the other standpoint are greater than the affective consequences of self-discrepancies from the own standpoint.

DISCUSSION

Our findings suggest that there are systematic differences in the extent to which internal versus external

self-relevant information relates to affective states. The pattern of these differences is consistent with our predictions regarding the interactive influence of self-monitoring and type of self-guide (i.e., own vs. other) on the strength of the relationship between self-discrepancies and affective states. Specifically, for low self-monitors, only self-discrepancies measured from the own standpoint predicted depression and anxiety. Self-discrepancies measured from the other standpoint were not significantly associated with affective states among low self-monitors. In contrast, for high self-monitors, self-discrepancies measured from the other standpoint were more predictive of depression and anxiety than were self-discrepancies measured from the own standpoint.

These results are consistent with previous research demonstrating that low and high self-monitors systematically differ in the types of events precipitating depression (Snyder & Smith, 1985, as cited in Snyder, 1987). For low self-monitors, threats to self-consistency had a greater impact on producing depression than did threats to self-presentation; in contrast, for high self-monitors, threats to self-presentation had a greater impact on producing depression than did threats to self-consistency (Snyder & Smith, 1985, as cited in Snyder, 1987). If self-discrepancies from the own standpoint on the self represent a threat to an individual's self-consistency, then the link between own-based self-discrepancies and depression for low self-monitors is consistent with Snyder and Smith's (1985, as cited in Snyder, 1987) analysis. Likewise, if self-discrepancies from the other standpoint on the self represent a threat to an individual's self-presentation, then the stronger link between other-based, as compared to own-based, self-discrepancies and depression for self-monitors is consistent with Snyder and Smith's (1985, as cited in Snyder, 1987) analysis. Our results suggest that there are systematic differences between low and high self-monitors in the types of events that precipitate both depression and anxiety.

By demonstrating that individuals systematically differ in the types of self-relevant information that have implications for affective states, our research provides direct support for two central propositions of self-discrepancy theory (Higgins, 1987, 1989). First, we identified an important moderator (i.e., self-monitoring) of the relationship between the magnitude of self-discrepancies and individuals' affective states. Thus, the impact of self-discrepancies on affective states depends on the extent to which the self-discrepancy's standpoint matches the type of information that the individual chronically relies on to guide his or her behavior. Second, our findings provide support for self-discrepancy theory's assumption that individuals are differentially motivated to reduce certain self-discrepancies at the

expense of others (Higgins, 1987, 1989). Specifically, to the degree that people are motivated to reduce negative emotional states, low and high self-monitors should be motivated to reduce different self-discrepancies. Because low and high self-monitors differ with respect to which self-discrepancies (i.e., those associated with the own vs. other standpoint) seem to cause anxiety and depression, a theoretical rationale for attempting to reduce particular self-discrepancies instead of other self-discrepancies can be offered. Because self-discrepancies from the own standpoint on the self have implications for low self-monitors' emotional states, low self-monitors should be more highly motivated to reduce self-discrepancies associated with the own than other standpoint on the self. In contrast, because self-discrepancies associated with the other standpoint on the self have stronger implications for high self-monitors' emotional states, high self-monitors should be more highly motivated to reduce those self-discrepancies associated with the other than the own standpoint on the self.

Limitations

Although self-discrepancy theory posits that self-discrepancies are a cause of affective states, our data are correlational in nature. Simple reverse causation (i.e., affect at Time 2 causes discrepancies at Time 1) is not a likely explanation for the results observed in our data because affective states were measured at least 1 week after collecting the self-discrepancies measures. Third variable explanations, however, cannot be ruled out. For example, trait levels of positive or negative affectivity may have influenced both self-discrepancies measured at Time 1 and affective states measured at Time 2. Initially, it might seem that such a process would be unable to account for our finding that the relationships between self-discrepancies measured from different standpoints on the self are moderated by self-monitoring. However, it is possible that among low self-monitors, trait levels of affectivity may be more related to self-discrepancies measured from the own than the other standpoint. In contrast, among high self-monitors, trait levels of affectivity may be more related to self-discrepancies measured from the other than the own standpoint. This would create a moderated, but still spurious, relationship between self-discrepancies and affective states. Other personality variables (e.g., private and public self-consciousness) also might have these effects. Additional research is required to investigate such possibilities. We should note, however, that such mechanisms would still support our primary contention that low and high self-monitors are differentially attentive to and influenced by internal and external self-relevant information, respectively.

Future Research

As discussed in the Methods section, we do not purport to measure clinical depression and anxiety. Although our results show strong evidence of the moderating effect of self-monitoring on the relationship between self-discrepancies and affective states among college students as measured by self-report questionnaires, it would be inappropriate to generalize our findings to clinical populations. Future research should replicate this study using a clinical sample and assessing depression and anxiety with professional diagnostic criteria.

Self-discrepancy theory could be further advanced by directly testing our assertion that differences in self-monitoring are associated with differences in the motivation that people accord to reducing self-discrepancies from their own or other standpoint on the self. Specifically, one could test whether low self-monitors more frequently activate and spend more cognitive effort attempting to reduce self-discrepancies from the own rather than the other standpoint on the self and whether the reverse pattern would occur for high self-monitors.

In the present study, we assessed participants' beliefs about the actual self from their own standpoint. It may be interesting in future research to assess participants' beliefs about the actual self from the standpoint of significant others. Because high self-monitors are particularly concerned with impression management, a disparity between a high self-monitor's beliefs about the image being conveyed to the target significant other (i.e., actual/other) and beliefs about the image the significant other expects (i.e., ought/other) or desires (i.e., ideal/other) would likely be highly accessible and have strong implications for the high self-monitor's affective states. Based on our findings that self-discrepancies are more strongly associated with affective states when the standpoint of the self-discrepancy matches the type of information the individual chronically relies on, we might expect that for high self-monitors, the relationship between affective states and actual/other:ought/other and actual/other:ideal/other discrepancies might be even stronger than the relationship observed in the present study using the actual/own self-concept.

In addition to individual differences in self-monitoring, there are likely to be other factors that systematically influence the relationship between individuals' self-discrepancies and their affective states. Identification and empirical demonstration of various personality, developmental, and social-environmental factors could further explain how the same self-relevant information is associated with negative emotional states in some individuals and not in others. A clearer understanding of the relationship between individual and environmental differences and the potential social origins of anxiety and

depression would be beneficial in helping individuals to identify which self-relevant beliefs to focus on changing to reduce their negative emotional states.

Concluding Remarks

The notion that negative self-feelings or emotional distress occurs when individuals do not believe that they are achieving certain self- or other-imposed objectives (e.g., standards, values, goals, aspirations) has been a mainstay of self-theory for more than a century (e.g., Cooley, 1902/1964; James, 1890/1896; Rogers, 1961). Self-discrepancy theory (Higgins, 1987, 1989) provides a useful conceptual framework for understanding the relationship between self-relevant beliefs and emotional distress by simultaneously considering the domain of the self and the standpoint on the self. As Higgins, Klein, and Strauman (1987) noted, however, to understand the relationship between emotional distress and self-discrepancies, it is important to consider not only these two factors but also the outcome contingency (i.e., perceived implications of particular self-discrepancies). Our results highlight this consideration by suggesting that self-discrepancies will influence affective states when those self-discrepancies are personally important and cognitively accessible.

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